

IN PATIENT SUMMARY BILL

UHID : MMH202371834
IP No : IP2023002691
Patient name : Mrs.VANITHA MAHALINGAM
Age : 38 Y 8 M 1 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP00131
Bill Date : 13/12/2023
DOA : 10/12/2023 8:56PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA TPA
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 5,000.00
5	GENERAL PROCEDURE	₹ 900.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 144.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 13,350.00
10	OTHER ADDITION	₹ 14,750.00
11	PHARMACY CHARGE	₹ 57,661.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROFESSIONAL TEAM FEES	₹ 115,000.00

Gross Amount ₹ **220,755.00**
Sanction Amount ₹ **195,661.00**
Net Payable ₹ **220,755.00**
Advance Amount ₹ **25,094.00**
Received Amount ₹ **0.00**

Received Amount in Words : Twenty-Five Thousand Ninety-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-10 21:51:15.690	MMH/MH/RECH00262	CARD	Advance Amount	10,000.00
2	2023-12-12 20:01:49.403	MMH/MH/RECH00299	CARD	Advance Amount	15,094.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118029620	195,661.00